

South Carolina Department of Disabilities and Special Needs

PDD Waiver Notice of Disenrollment

Date Form Completed: _____

Recipient's Name: _____

Medicaid #: _____

SSN#: _____

The person named above is no longer eligible to receive services funded through the PDD Waiver for the reason noted below:

- | | | |
|---|--|--|
| <input type="checkbox"/> Death | <input type="checkbox"/> Admitted to an ICF/MR | <input type="checkbox"/> No longer meets ICF/MR Level of Care |
| <input type="checkbox"/> No longer eligible for Medicaid | <input type="checkbox"/> Voluntary withdrawal | <input type="checkbox"/> Consumer moved out of state |
| <input type="checkbox"/> No service received in 30 days | <input type="checkbox"/> Other _____ | <input type="checkbox"/> No services received since enrollment |
| <input type="checkbox"/> Placement in Nursing Facility/Hospital has exceeded 30 consecutive calendar days and there is no expectation of return to the PDD Waiver | | |
|
<input type="checkbox"/> Medicaid eligibility has been interrupted, but should be reinstated within 90 days [The individual will be disenrolled, but will remain pending for 90 days; therefore, retaining the waiver slot. If a Medicaid is not reinstated within 90 days, the individual will be removed from pending status and the slot will be revoked. If Medicaid is reinstated, the consumer must be re-enrolled; Freedom of Choice must be completed and Level of Care re-submitted]. | | |
|
<input type="checkbox"/> Individual has not received _____ (the needed service) for 30 consecutive calendar days <u>due to provider non-availability</u> [The individual will be disenrolled, but will remain pending for 90 days; therefore, retaining the waiver slot. If a provider has not been located within 90 days, the individual will be removed from pending status and the slot will be revoked.
If a provider is secured, the consumer must be re-enrolled; Freedom of Choice must be completed and Level of Care re-submitted]. | | |
|
<input type="checkbox"/> Individual has entered the <u>hospital/nursing facility</u> that has exceeded 30 consecutive calendar days; however, the individual will require PDD Waiver Services when released from the hospital [The individual will be disenrolled, but will remain pending for 90 days; therefore, retaining the waiver slot. If the consumer has not been released from the hospital within 90 days, the individual will be removed from pending status and the slot will be revoked. If the consumer is released from the hospital within 90 days, the consumer must be re-enrolled; Freedom of Choice must be completed and Level of Care re-submitted]. | | |

EFFECTIVE DATE OF DISENROLLMENT: _____/_____/_____

The effective date is 10 calendar days from the date the form is completed with the exception of death, loss of Medicaid, or admission to an ICF/MR or Nursing Facility or the child moves out-of-state. This allows the legal guardian notice prior to disenrollment/loss of services and the right to appeal without services being terminated.

As a result of this disenrollment, service(s) currently being provided will be terminated with this effective date. Contact your Service Coordinator about these services or any questions that you may have.

If form completed more than 2 days after the termination date, provide reason for delay: _____

Service Coordinator: _____

DSN Board/Provider: _____ Phone: _____

Address: _____

Signature: _____

Date: ____/____/____

Original: Legal Guardian

Copy: Waiver Enrollments Coordinator, Regional DHHS Medicaid Eligibility Worker, DDSN Cost Analysis and File

PDD Form 17-A (June 6, 2008)

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Appeals Process is Attached

SAMPLE